

CFRA CLASS OPT-OUT FORM

To be excluded from participation in the class action settlement negotiated between the California Department of Fair Employment and Housing ("DFEH") and Verizon Services, Inc., dba Verizon California, Inc. ("Verizon") in *Dep't of Fair Employment And Hous. vs. Verizon Serv. Corp., dba Verizon California, Inc.*, Los Angeles Superior Court Case No. BC444066 ("CFRA Action"), you must carefully read, and then fully complete and sign this form. You must then *either* mail this Opt-Out Form by certified mail postmarked on or before **February 15, 2011**, *or* personally deliver this Opt-Out Form on or before 5:00 p.m. on **February 15, 2011**, to:

Simpluris, Inc.
Attention: Verizon Claims Administrator
3176 Pullman St. #123
Costa Mesa, CA 92626
Toll Free: (888) 836-1292
Phone: (714) 824-8590

1. My name and contact information are as follows:

Name: _____
Street Address: _____
City, State, Zip Code: _____
Business Telephone Number: (____) _____
Residence Telephone Number: (____) _____

2. I have reviewed and understand completely the enclosed Notice of Class Action Settlement, and have no questions about it. I understand that I have the right to consult with the DFEH or with an attorney of my choosing at my own expense with respect to whether I should participate in the class action settlement referenced above. I understand that by submitting this Opt-Out Form, I will be forever barred from receiving any money under the settlement.

3. I WISH TO BE EXCLUDED FROM THE CLASS AND DO NOT WISH TO PARTICIPATE IN OR RECEIVE MONEY UNDER THE SETTLEMENT. I understand that there are deadlines applicable to any claims that I may have against Verizon and that I should consult an attorney to determine those deadlines.

4. I understand that Verizon will not retaliate against any person who submits a Claim Form in connection with the CFRA Action.

I declare under penalty of perjury under the laws of the State of California that all the information supplied above is true and correct.

Executed on _____, 20____ at _____.
(Month/ Day) (year) (City and State)

(Declarant's Signature)

(Please Type or Legibly Print Your Name Here)

Please remember that you must mail or deliver this CFRA Class Opt-Out Form to the Claims Administrator at the address listed above no later than **February 15, 2011**.